

**City of Maple Valley
Claim for Damages Form**

Date Claim Received

Instructions: This form must be delivered in person, electronically submitted, sent via first class mail, registered mail or certified mail return receipt requested to City Clerk Shaunna Lee-Rice or Deputy City Clerk Andrew Dacuag, City of Maple Valley, 22017 SE Wax Road, Suite 200, P.O. Box 320, Maple Valley, Washington, 98038 during office hours for City Hall as established in Maple Valley Municipal Code, §2.05.010. Office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday, except for city holidays.

CLAIMANT INFORMATION

Please take note that _____, who currently resides at _____, _____, mailing address _____, home phone _____, work phone _____ and who resided at _____, at the time of the occurrence and whose birth date is _____, is claiming damages against the City of Maple Valley in the sum of \$ _____ arising out of the following circumstances listed below.

Date of Occurrence: _____ Time of Occurrence: _____

Location of Occurrence: _____
(Include street address, city, state, zip code)

DESCRIPTION

1. Describe the conduct and circumstance that brought about the injury or damage. Also describe the injury or damage.
If needed, attach any extra sheets of additional information.

2. Provide a list of witnesses, if applicable, to the occurrence including names, addresses and phone numbers.

3. Attach copies of all documentation relating to expenses, injuries, losses and/or estimates for repair.

4. Have you submitted a claim for damages to your insurance company? YES _____ NO _____

If yes, please provide the name of the insurance company: _____
and the policy no. _____.

****ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY****

License Plate No. _____ Drivers License No. _____

Type of Auto (year, make, model) _____

Driver: _____

Owner: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Passengers

Name: _____

Name: _____

Address: _____

Address: _____

****THIS FORM MUST BE SIGNED****

I, _____, being first duly sworn, depose and say that I am the claimant* for the above described, that I have read the above claim, know the contents thereof and believe the same to be true.

signature of claimant, attorney in fact for the claimant, an attorney admitted to practice in Washington State, or by a guardian/court approved guardian ad litem on behalf of the claimant required

Signature of Claimant _____

Date _____